



AMHS Crew Reporting to Duty

Guidance and Questionnaire

The following are meant to provide guidelines to AMHS Crew reporting for duty on a vessel. It is not reasonable to capture every scenario that may come up surrounding quarantine, travel, or COVID-19 testing in this guidance. To help mitigate the spread of the virus, and increase the safety of employees and the public, crew are expected to adhere to Health Mandates, actively practice social distancing and good hygiene.

When the term **"a complete vaccination"** is used it means that all shots for the vaccine have been administered and a 14 day waiting period after the final shot has passed. Presently the vaccine shot series available to the public are as follows:

- Moderna – 2 shots
- Pfizer – 2 shots
- Johnson and Johnson – 1 shot

If you have questions or are in need of an ADA accommodation, contact your applicable dispatcher.

Prior to Reporting to Assignment

- Employees must test negative for COVID-19 up to seven days (168hrs) prior to 12:01 a.m. on the day their assignment begins *. Proof of test results must be submitted to the Chief Purser prior to boarding the vessel. The Lituya is excluded from the AMHS testing requirement. A valid CDC issued COVID-19 Vaccination Record Card showing a complete vaccination can be accepted in lieu of a test.
- Testing locations may be found at the [Test Site Locator](#).
- Once tested, [practice everyday steps](#) and social distancing.
- Employee regularly [practice everyday steps](#) to avoid the spread and exposure of the COVID-19 virus.

Employees after Testing and Then Traveling To Assignment or Traveling to Work With a Complete Vaccination Record

- At all times (except when eating or drinking) wear a mask or cloth face covering.
- Practice social distancing.
- Thoroughly wash their hands frequently.
- Use hand sanitizer frequently.
- Go directly from the airport to the vessel.

Out-of-State-Travel

The State of Alaska has no special entry or travel testing requirements.

COVID-19 Questionnaire

You must provide this completed form to the Purser before you board any AMHS vessel to start an assignment. **If you have a temperature of 100.4 F° (38 C°) or greater you will be sent home.** This will be updated as the CDC and Alaska State Health Department's information on COVID-19 continues to change.

Vessel: _____ Date: _____

Employee (First and Last Name): _____ BU: _____

Employee Identification Number: _____ Position: _____

COVID-19 Symptoms

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

*This list does not include all possible symptoms.

- ☐ I certify that I have tested for COVID-19 within the past 7 days (provide proof of test/result) or I have a valid CDC issued COVID-19 Vaccination Record Card showing a complete vaccination (provide proof of vaccination record)
- ☐ I certify that I have practiced everyday steps, including social distancing, face coverings, and following travel procedures, including going directly from the airport to the vessel (if applicable) after I tested for COVID-19
- ☐ I certify that I understand the symptoms or combinations of symptoms of COVID-19, and that I have not experienced these symptoms in the past 14 days.
- ☐ **For Non-Vaccinated Crew Only:** I certify that to the best of my knowledge I have not had close contact* with anyone exhibiting symptoms or has tested positive for COVID-19 within the last 14 days.

*Close contact is defined as within 6 feet for more than 10 consecutive minutes.

If you are unable to certify the above, or refuse to certify, you will not be permitted to board an AMHS vessel, and you will not be dispatched until you provide a certified form.

I hereby certify that the responses provided above are true and accurate to the best of my knowledge

Signature: _____ Date: _____

Purser Use Only

☐ COVID-19 Vaccination Card VERIFIED Date/Time Reviewed: _____ Purser Name: _____

☐ COVID-19 Test Results VERIFIED Employee ID: _____ Signature: _____

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